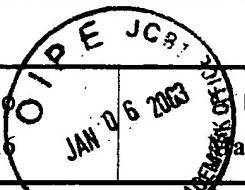


**COMBINED NOTICE OF APPEAL FROM THE PRIMARY EXAMINER TO THE  
BOARD OF PATENT APPEALS AND INTERFERENCES & PETITION FOR  
EXTENSION OF TIME UNDER 37 C.F.R. 1.136(a) (Small Entity)**

Docket No.  
**10464A**

In Re Application Of: **Edward P. Cohen**



Serial No  
09/522,716

Filing Date

Examiner  
C.H. Yaen

Group Art Unit  
1642

Invention: CANCER IMMUNOTHERAPY WITH SEMI-ALLOGENEIC CELLS

**RECEIVED**  
JAN 08 2003  
**HCENTER 1600/2900**

**TO THE ASSISTANT COMMISSIONER FOR PATENTS:**

This is a combined Notice of Appeal from the Primary Examiner to the Board of Patent Appeals and Interferences and petition under the provisions of 37 CFR 1.136(a) to extend the period for filing a response to the Office Action of

July 2, 2002 \_\_\_\_\_ in the above-identified application.  
Date

Applicant(s) hereby appeal(s) to the Board of Patent Appeals and Interferences from the decision of the Primary Examiner dated July 2, 2002 finally rejecting Claim(s) 26, 41-46.

**Applicant(s) hereby request(s) an extension of time of (check desired time period):**

One month     Two months     Three months     Four months     Five months

from: **October 2, 2002**      Date \_\_\_\_\_ until: **January 2, 2003**      Date \_\_\_\_\_

The fee for the Notice of Appeal and Extension of Time has been calculated as shown below:

**Fee for Notice of Appeal:** \$160.00

**Fee for Extension of Time:** \$410.00\*

\* Extension fee of \$55.00 previously paid.

**TOTAL FEE FOR NOTICE OF APPEAL AND EXTENSION OF TIME:** \$570.00

The fee for the Notice of Appeal and extension of time is to be paid as follows:

- A check in the amount of \_\_\_\_\_ for the Notice of Appeal and extension of time is enclosed.

Please charge Deposit Account No. 19-3886/RCT in the amount of \$570.00  
A duplicate copy of this sheet is enclosed.

The Commissioner is hereby authorized to charge payment of the following fees associated with this communication or credit any overpayment to Deposit Account No. 19-3886/RCT  
A duplicate copy of this sheet is enclosed.  
 Any additional filing fees required under 37 C.F.R. 1.16.  
 Any patent application processing fees under 37 CFR 1.17.

If an additional extension of time is required, please consider this a petition therefor and charge any additional fees which may be required to Deposit Account No. 19-3886/RCT A duplicate copy of this sheet is enclosed.

which may be required to deposit:

01/07/2003 AHONDAF1 00000110 193886 09522716

01 C:2401 160.00 CH  
02 C:2253 455.00 CH

01 FC:2253 410.00 CH

**COMBINED NOTICE OF APPEAL FROM THE PRIMARY EXAMINER TO THE  
BOARD OF PATENT APPEALS AND INTERFERENCES & PETITION FOR  
EXTENSION OF TIME UNDER 37 C.F.R. 1.136(a) (Small Entity)**

Docket No.  
10464A

In Re Application Of: **Edward P. Cohen**

Serial No.  
09/522,716

JAN 08 2003  
RECEIVED  
U.S. PATENT AND TRADEMARK OFFICE

Filing Date  
March 10, 2000

Examiner  
C.H. Yaen

Group Art Unit  
1642

Invention: **CANCER IMMUNOTHERAPY WITH SEMI-ALLOGENEIC CELLS**

RECEIVED  
JAN 08 2003  
TECH CENTER 1600/2900

TO THE ASSISTANT COMMISSIONER FOR PATENTS:

This combined Notice of Appeal from the Primary Examiner to the Board of Patent Appeals and Interferences and petition for extension of time under 37 CFR 1.136(a) is respectfully submitted by the undersigned:

  
Signature

Dated: January 2, 2003

**Frank S. DiGilio**  
Registration No. 31, 346  
**Scully, Scott, Murphy & Presser**  
400 Garden City Plaza  
Garden City, New York 11530  
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**Certificate of Transmission by Facsimile\***

I certify that this document and authorization to charge deposit account is being facsimile transmitted to the United States Patent and Trademark Office (Fax. No.

on \_\_\_\_\_  
(Date)

Signature

*Signature*  
Typed or Printed Name of Person Signing Certificate

**Certificate of Mailing**

I certify that this document and fee is being deposited on 1/2/03 with the U.S. Postal Service as first class mail under 37 C.F.R. 1.8 and is addressed to the Assistant Commissioner for Patents, Washington, D.C. 20231.

*Signature of Person Mailing Correspondence*

**Michelle Mustafa**

*Signature*  
Typed or Printed Name of Person Mailing Correspondence

\*This certificate may only be used if paying by deposit account.

CC: